

AS

FILED
8/22/2017

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JUN 19 2017 EAA
6-19-17
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Monter Artis

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Warden, Michael Phifer

Major, A. Davis

Lt, BELL

Lt, William P

Supervise Officer, C. Harris

Counselor, Baldwin

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

1:17-cv-4613
Case **Judge John Z. Lee**
(To **Magistrate Judge Daniel G. Martin**
PC8

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: MONTEZ ARTIS
- B. List all aliases: NONE
- C. Prisoner identification number: B84281
- D. Place of present confinement: Stateville Correctional Center
- E. Address: 16838 S. Broadway Street, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: MICHAEL PETER
Title: WARDEN
Place of Employment: Stateville Correctional Center
- B. Defendant: A. DAVIS
Title: MAJOR
Place of Employment: Stateville Correctional Center
- C. Defendant: Williams
Title: Lt.
Place of Employment: Stateville Correctional Center

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendants: Bell

Title : Lieutenant

Place of Employment: Stateville Correctional Center

E. Defendants: Balwin

Title : Cell house Counselor

Place of Employment: Stateville Correctional Center

F. Defendants: C. Harris

Title : Counsel / Intake officer

Place of Employment: Stateville Correctional Center

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: FOIA Complaint 16 MR 247,
FOIA Complaint 16 MR 352, FOIA Complaint
- B. Approximate date of filing lawsuit: 08-16-2016; 11-30-16, 04-19-17
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Monica Artis
- D. List all defendants: City of East St. Louis, East St. Louis Police
Department; Brendan F. Kelly and State Attorney Office;
City of Brooklyn and Brooklyn Police Department.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): St. Clair County
- F. Name of judge to whom case was assigned: Judge LeChien
- G. Basic claim made: Denial of public information/ Violation
of Illinois Freedom of Information Act.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): All three (3) are still pending.
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

(A) Defendant - Michael Pfister, is sued in his individual capacity, while acting under the color of law as warden of Stateville Correction Center. violated Plaintiff's 8th amendment U.S. State's Constitutional Right against Cruel & Unusual punishment by subjecting Plaintiff to unsafe and unsanitary living conditions in C-house throughout the months of Dec 2016 thru January 2017. Ultimately causing Plaintiff to have a "Roach" crawl into into his ear due to the infestation of Roaches, mice, and etc.

The Defendant knew of the unsafe and unsanitary reports and conditions because of the safety and sanitation reports conducted in Cell house and the numerous verbal and written complaints by Plaintiff and many other inmates living in C-houses and yet he (Michael Pfister) chose to ignore the problem.

(B) Defendant - Major, A. Davis, is sued in his individual capacity while actually under the color of law as C-house Major at Stateville Correctional Center during the December 2016 thru January 2017 and violated Plaintiff's 8th amendment constitutional right by exposing plaintiff to unsafe and unsanitary conditions -

by him being the C-house Major and because he's in the unit everyday receiving the many complaints from Plaintiff speaking to him and many other's (inmates) about each infestation also the Major receive safety and sanitation reports conducted in C-house.

(C.) Defendant, Lt Bell, is sued in his individual capacity while acting under the color of law as C-house Lieutenant at Stateville Correctional Center during the months of Dec 2016 thru January 2017 and violated Plaintiff's 8th amendment Constitutional right by exposing Plaintiff to unsafe and unsanitary conditions by being the C-house Lieutenant.

(D.) Defendant, Lt Williams, is sued in his individual capacity while acting under the color of law as C-house Lieutenant at Stateville Correctional Center during the months of Dec 2016 thru January 2017 and violated Plaintiff's 8th amendment Constitutional right by exposing Plaintiff to unsafe and unsanitary conditions by being the C-house Lieutenant.

(E.) Defendant, Bulwin, C-house Counselor is sued in his individual capacity while acting under the color of law as C-house Counselor at Stateville Correctional Center during the months of December 2016 thru January 2017 and violated Plaintiff's 8th amendment Constitutional right by exposing Plaintiff to unsafe and unsanitary conditions by him being

C-house Counselor and receiving Plaintiff's grievance about the roaches inside cell 8-38-C-house, Counselor knew of the existing unsafe and unsanitary conditions.

(F.) Defendant, C. Harris, Grievance Officer/Counselor, is sued in her individual capacity while acting under color of Law as a Grievance Officer/Counselor, here at Stateville Correctional Center violated Plaintiff's 8th amendment U.S. Constitutional Right where defendant was the person who responded to Plaintiff's timely grievance wrote on 12-23-16 and received by Grievance officer on Plaintiff complained about a roach crawling on his body and bed and that prior to incident roaches had been seen inside Plaintiff's cell. Nothing was done to move Plaintiff into a better cell until Plaintiff sent both grievances to ARB (Administrator Review Board) on 03-01-2017. Ten (10) days later Plaintiff was moved from cell 8-38 to 8-57 on 03-10-2017.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

1.) AWARD Plaintiff \$ 50,000 for Punitive damages for suffering mental anguish, pain and suffering to body and mind.
2.) Award such other and additional relief that this Honorable Court deems just and equitable. 3.) Defendant to pay my and all court cost associated with suite and attorney fees (if defendant finds me to accept case).

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

Montez Ariz
(Signature of plaintiff or plaintiffs)

MONTAZ ARIZ
(Print name)

(I.D. Number)

(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Last Name: ArtisFirst Name: MonterID#: B34281

Date/Time	Subjective, Objective, Assessment	Plans
11/15/17 9:30 A	Nurse/CMT Tx Protocol: Earache/Earwax Impaction	
	S) My ear been bothering you Duration "5/12 x 3-4 days"	P) Refer to MD/PA/NP (circle) <u>ER now, per gerian</u>
	Which ear (left or right)? <u>(right)</u>	If redness with fever over 100°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to Tx protocol.
	Have you recently had a cold, cough, fever or sore throat? Y <u>(N)</u> If yes, pain level 1 - 10 (10 being the most severe) <u>1/10 it's</u>	
	Has there been any drainage? <u>more muffled</u> Y <u>(N)</u>	No MD Referral (check as applicable)
	Any hearing loss? Y <u>(N)</u>	Earache: Acetaminophen 325 mg, 1-2 tablets t.i.d. PRN 3 x days OR Ibuprofen 200 mg, 1-2 tablets t.i.d. WITH MEAL prn X 3 days.
	Have you put anything into your ears? <u>(Y)</u> <u>ear plugs, q tips</u>	Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for E/U after 5 days.
	Past history of earache, ear infection or ear surgery? Y <u>(N)</u>	Patient Teaching: (Check as applicable)
	Allergies to medication? Y <u>(N)</u>	1. Do not put anything in ear.
	Recent medication changes? Y <u>(N)</u>	2. Medication use.
	A) <u>Alx 3. Gait steady. Ambulates w/ assistance. Speech clear & coherent</u>	3. Proper ear covering (hat in winter or windy weather).
	T <u>97</u> P <u>66</u> R <u>16</u> BP <u>124/82</u> Wt <u>194</u>	4. Importance of follow-up in 2 days to physician if symptoms persist or worsen.
	Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane. <u>Some ear</u>	Follow-Up:
	Assess scalp & face: Describe: <u>WNL</u>	Return to sick call if symptoms worsen or persist.
	Color TM: <u>WNL</u>	
	Perforation visualized? Y <u>(N)</u>	
	Test hearing (finger rub) Left: <u>(Y/N)</u> Right: <u>(Y/N)</u>	\$5.00 co-pay signed.
	Check neck for node pain or for enlargement: Y <u>(N)</u>	
	<u>none reported at this time</u> A) Earache/Earwax Impaction	

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

STATEVILLE CORRECTIONAL Center

Antis.

monte 2

ID# B04281.

Last Name: _____

First Name

M

Guaranteed

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Arts
Last NameMontez
First Name

MI

ID#:

B84284

Date/Time	Subjective, Objective, Assessment	Plans
4/15/17	Nurse/CMT Tx Protocol: Earache/Earwax Impaction	
1142 AM	S) "I'm having sharp pain in my ear" Duration 2 mos. Which ear (left or right)? Right	P) Refer to MD/PA/NP (circle)
	Have you recently had a cold, cough, fever or sore throat? Y <input checked="" type="radio"/> N	If redness with fever over 100°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to Tx protocol.
	If yes, pain level 1 - 10 (10 being the most severe) 3/5	
	Has there been any drainage? Y <input checked="" type="radio"/> N	No MD Referral (check as applicable)
	Any hearing loss? Y <input checked="" type="radio"/> N	Earache: Acetaminophen 325 mg, 1-2 tablets t.i.d. PRN 3 x days OR Ibuprofen 200 mg, 1-2 tablets t.i.d. WITH MEAL pm X 3 days.
	Have you put anything into your ears? Y <input checked="" type="radio"/> N	Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days.
	Past history of earache, ear infection or ear surgery? Y <input checked="" type="radio"/> N	Patient Teaching: (Check as applicable)
	Allergies to medication? Y <input checked="" type="radio"/> N	1. Do not put anything in ear.
	Recent medication changes? MDIC Roxin <input checked="" type="radio"/> N	2. Medication use.
	O) 1430x3 speech clear & coherent	3. Proper ear covering (hat in winter or windy weather).
	T 98 P 18 R 16 BP 130/74 Wt 200	4. Importance of follow-up in 2 days to physician if symptoms persist or worsen.
	Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane.	Follow-Up:
	Assess scalp & face: Describe: Redden	Return to sick call if symptoms worsen or persist.
	Color TM: Redden	
	Perforation visualized? Y <input checked="" type="radio"/> N	\$5.00 co-pay signed. Yes
	Test hearing (finger rub) Left: Y/N Right: Y/N Check neck for node pain or for enlargement: Y <input checked="" type="radio"/> N	
	A) Earache/Earwax Impaction	

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

C857

Administrative Review Board
Return of Grievance or Correspondence

Offender: Artis Monterz B84281
Last Name First Name MI ID#

Facility: Stateville

(2) Grievance: Facility Grievance # (if applicable) 1215, 1223 Dated: 12/15, 12/23 or ☐ Correspondence: Dated: _____
 Received: 3/6/17 Date Regarding: Roaches in cell, roach flushed

The attached grievance or correspondence is being returned for the following reasons:

from ear 1/15/17

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
- Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date _____
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Sarah Johnson
Print Name

Sarah Johnson
Signature

3/16/17
Date

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

C838

Date: 12-23-16	Offender: (Please Print) Monty AR410P	ID#: B84281
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): cell 8-38

☐ Disciplinary Report: _____

JAN 03 2017

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON 12-23-16 I Monty AR410P was awoken by a Roach crawling into my bed (top bunk) and onto my body. Since the beginning of the cold season I've notice for the second or third time Roaches crawling inside this cell from the back of the wall.

Remedy requested: exterminate the Roaches - give inmates bleach plastic bowls and bags that seal the open food from Roaches


☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Monty Cotes B84281 12.23.16

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 2.11.17	<input type="checkbox"/> Send directly to Grievance Officer <input checked="" type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62784-9277
Response: per unit security staff, the units are exterminated on a monthly basis, per unit security staff, cleaning supplies are provided to inmates upon request weekly	
C. HARRIS	CAH 2.11.17
Print Counselor's Name	Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: 1.11.17	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
	
Chief Administrative Officer's Signature	1.11.17
	Date

**ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)**

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

OFFENDER'S GRIEVANCE

Date: <u>01-15-2017</u>	Offender: (Please Print) <u>Montez ARPS</u>	ID#: <u>B84281</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>A Roach went in my ear</u>	

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if **EMERGENCY** grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON 01-13-17 I felt as though something crawled into my ear. I could feel something moving around I began to clean my ear with a Q-tip and there was no more movement. I put in the health care to see a nurse and have my ears checked because of the movement in my right ear and my cell is infested with roaches and spiders.
ON 01-15-17 the nurse Lydia notice something was inside of my ear and gave me an emergency pass to have my right ear flushed and cleaned. The nurse flush my ear and a roach came out.

Relief Requested: I this cell house and cell exterminated and pay me \$50,000 for allowing a roach to crawl inside my ear and live in the cell house.

☒ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Montez ARPS B84281 01.15.17
Offender's Signature ID# Date

(Continue on reverse side if necessary)

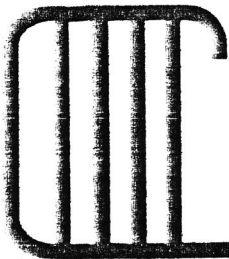
Counselor's Response (if applicable)	
Date Received: <u>2.11.17</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>pld unit security staff, the unit is exterminated on a monthly basis. if inmate feels that he needs further medical treatment he may submit his request to the HCU</u>	
<u>C. HARRIS</u> Print Counselor's Name	<u>CAH</u> Counselor's Signature
<u>2.11.17</u> Date of Response	

EMERGENCY REVIEW	
Date Received: <u>1.24.17</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>[Signature]</u> Chief Administrative Officer's Signature	
<u>1.24.17</u> Date	

C.G

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Lined area for offender's grievance text.



Illinois
Department of
Corrections

Bruce Rauner
Governor

S. A. Godínez
Acting Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: January 16, 2015
TO: Nicholas R. Lamb
A/W of Operations
FROM: Ester Martin, Director of Nursing *Ester Martin*
SUBJECT: SAFETY & SANITATION REPORT

This report is for the month of **January, 2015.**

- B HOUSE** – Inspection Report By: Kitts, CN II
Fixtures, windows/ledges and vents are not clean. The area is not free of insects/rodents. It is not the proper temperature in the 6, 8 and 10 galleries. Shower area is not clean and free of scum. No paper towels or red bags are available in the CMT office.
- C HOUSE** – Inspection Report By: Piazza, RN
Toilets and sinks are not in good repair in multiple cells. Work orders have been submitted.
- D HOUSE** – Inspection Report By: Piazza, RN
Area is not free of exposed wiring. Windows and screens are not in good repair. Vents are not clean and intact. The area is not free of mice and birds.
- E HOUSE** – Inspection Report By: Kitts, CN II
Windows and screens are not in good repair and vents are dusty. The area is not free of insects/rodents. It is not the proper temperature in the 6, 8 and 10 galleries. The shower area is not clean and free of scum.

IDOC000896

F HOUSE – Inspection Report By: Barnett, CMT

Hot water is not available in the restroom facilities. The area is not free of insects, rodents, birds or other animals. The shower areas are not clean and free of scum.

G, H, I HOUSE, MSU KITCHEN, MSU FARM – Units Closed.

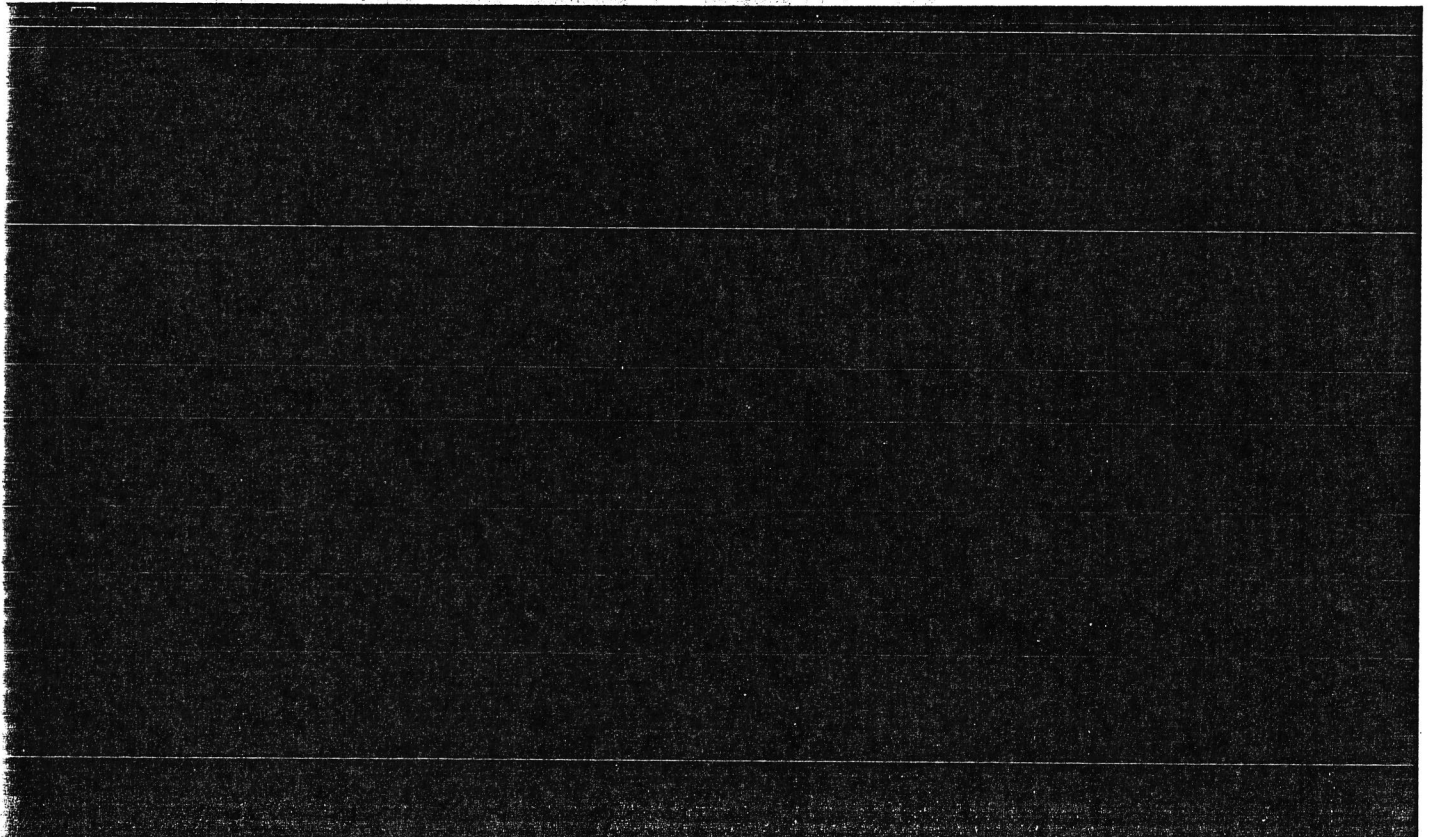
X HOUSE – Inspection Report By: Barnett, CMT
Compliant, per report.

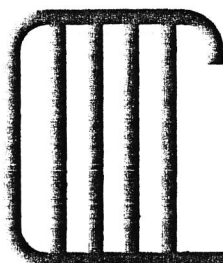
OFFICER'S DINING ROOM – Inspection Report By: Rue, LPN
The area is not free of insects or rodents.

INMATE KITCHEN – Inspection Report By: Rue, LPN
The area is not free of insects or rodents.

INFIRMARY – Inspection Report By: Rue, LPN
The area is not free of insects or rodents.

SAFETY & SANITATION REPORT NRC





Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: July 21, 2014

TO: **Nicholas R. Lamb**
A/W of Operations

FROM: Joy Vander Weit, RN Supervisor

SUBJECT: SAFETY & SANITATION REPORT

This report is for the month of **July, 2014.**

- B HOUSE** – Inspection Report By: Kits, RN
The fixtures were not shielded or clean. The vents are not intact or clean. There was no soap in the dispenser in the restroom. The area was not free of insects or rodents. The area was not free of birds or other animals. There was no hot water available, paper towels, gloves, antiseptic handwash, red bags or soap in the CMT Office.
- C HOUSE** – Inspection Report By: Dybas, RN
The windows and screens are not in good repair. The area is not free of insects or rodents. The area was not free of birds or other animals.
- D HOUSE** – Inspection Report By: Miller, RN
There was no soap in the dispenser in the restroom. There were no paper towels, antiseptic handwash, red bags or soap in the dispenser in the CMT Office.
- E HOUSE** – Inspection Report By: Mills, RN
Compliant, per report.
- F HOUSE** – Inspection Report By: Piazza, RN
The floor surfaces are not clean. The floors are not in good repair. the windows and ledges are not clean. The area is not free of insects/rodents. The area is not free of birds or other animals. The

IDOC000601

0005 00

1 of 2

bars and security doors are not clean. The shower area is not clean or free of scum.

G, H, I HOUSE, MSU KITCHEN, MSU FARM – Units Closed.

X HOUSE – Inspection Report By: Kits, RN

The fixtures were not shielded or clean. The windows and screens are not in good repair. The windows and ledges are not clean. The vents are not clean or intact. The area is not free of insects or rodents. The area is not free of birds or other animals. The bars and security doors are not clean. The shower areas are not clean or free of scum.

OFFICER'S DINING ROOM – Inspection Report By: Dimialig, LPN

The evacuation plan was not posted. The toilets and sinks are not in good repair. The area was not free of insects or rodents.

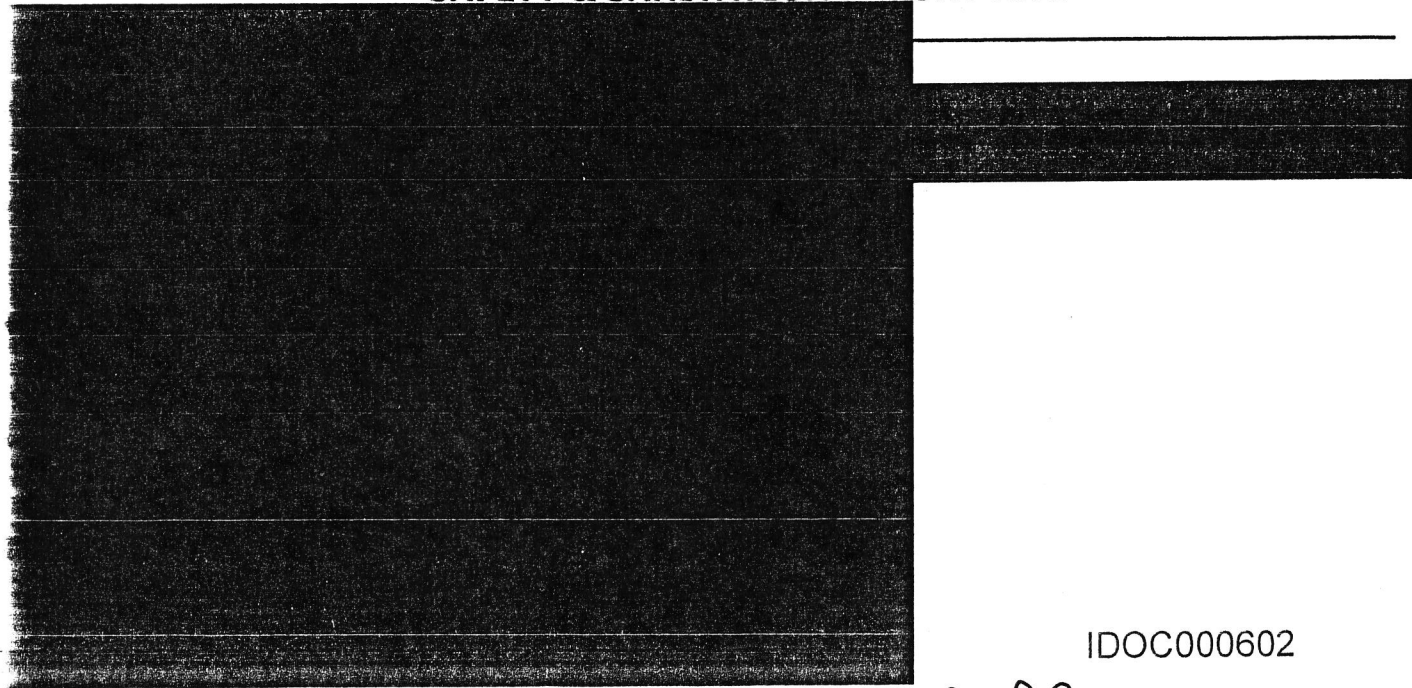
INMATE KITCHEN – Inspection Report By: Dimialig, LPN

There is not adequate ventilation. The area was not free of insects or rodents. The outer openings are not protected. The area is not free of birds or other animals. The floors are not in good repair. The windows and screens are not in good repair. The unit is not at the proper temperature.

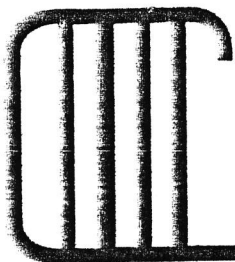
INFIRMARY – Inspection Report By: Rossiter, RN

The exit lights are not working. The area has exposed wiring. The vents are not clean or intact. The area is not free of insects or rodents. The bars and security doors are not clean. The shower areas are not clean or free of scum. The mattresses are not in good condition.

SAFETY & SANITATION REPORT NRC



IDOC000602



Illinois
Department of
Corrections

Bruce Rauner
Governor

S. A. Godinez
Acting Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: February 13, 2015

TO: **Nicholas R. Lamb**
A/W of Operations

FROM: Joy Vanderweilt, RN Supervisor *J Vanderweilt PSARN*

SUBJECT: SAFETY & SANITATION REPORT

This report is for the month of **February, 2015.**

B HOUSE – Inspection Report By: Lewandowska, RN
The area is not free of insects/rodents.

C HOUSE – Inspection Report By: Garcia, RN
The area is not free of insects/rodents.

D HOUSE – Inspection Report By: Tuxbury, LPN
Red bags are not available in the CMT office.

E HOUSE – Inspection Report By: Henning, LPN
The area is not free of insects/rodents.

F HOUSE – Inspection Report By: Frazier, CN II
Area has exposed wiring and is not free of insects/rodents, birds and other animals. The floors and windows are not clean or in good repair. Vents are not clean and intact. There is not a soap dispenser available in the restroom. Mattresses are not in good condition.

G, H, I HOUSE, MSU KITCHEN, MSU FARM – Units Closed.

X HOUSE – Inspection Report By: Christensen, CN II
Compliant, per report.

IDOC000916

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OFFICER'S DINING ROOM – Inspection Report By: Wilking, RN

Food temp is not above 145F. Bar soap and air dryer are not available in the restroom facilities. The area is not free of insects/rodents.

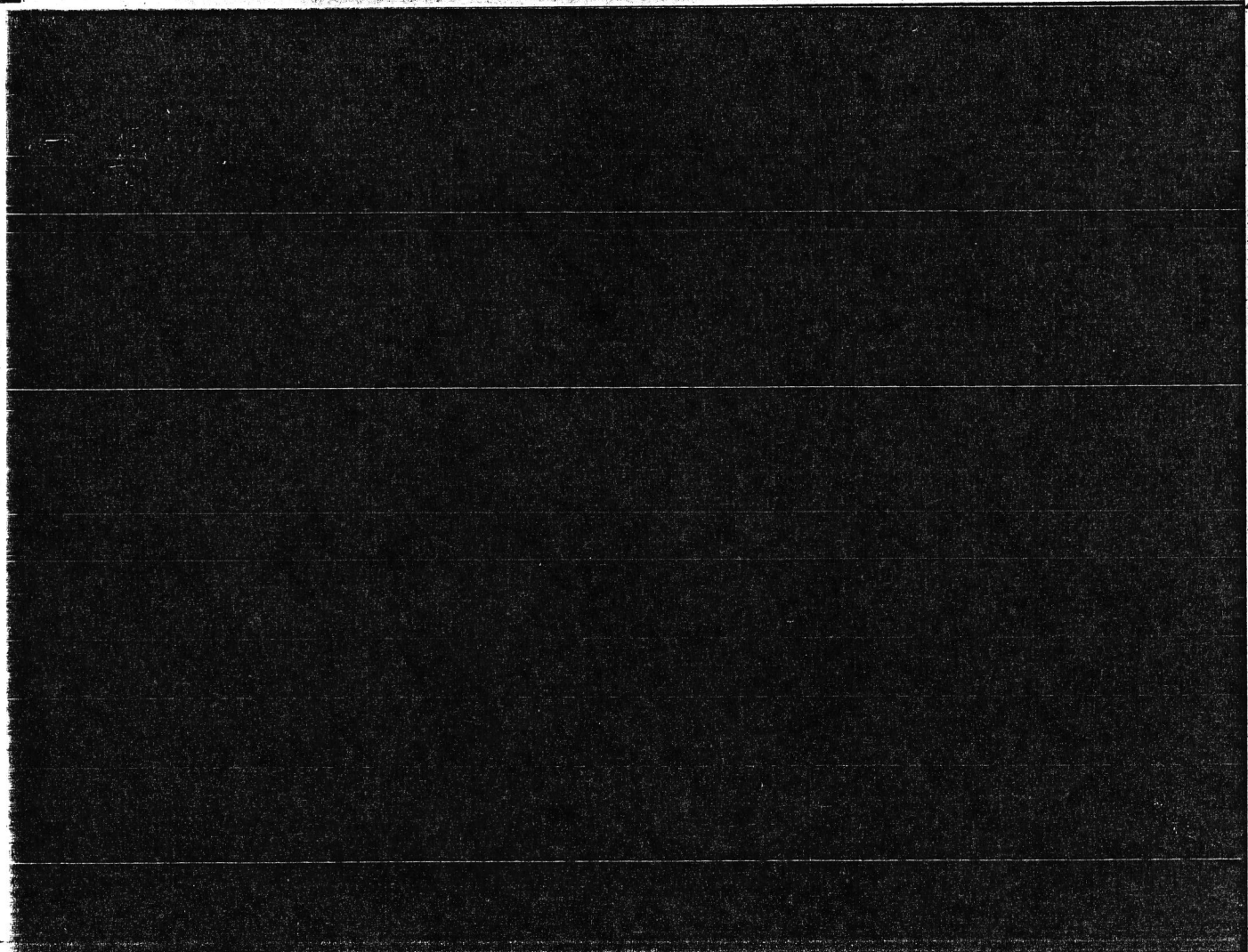
INMATE KITCHEN – Inspection Report By: Rue, LPN

The area is not free of insects or rodents and the floors are cracked and uneven.

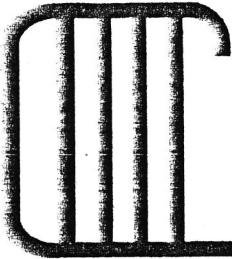
INFIRMARY – Inspection Report By: Mauck, RN

The area has exposed wiring. Windows are not in good repair or clean. Vents are not clean and intact. The area is not free of insects/rodents as the outer openings are not protected. The bars and security doors are not clean. Hospital bed cranks are not in good condition.

SAFETY & SANITATION REPORT NRC



IDOC000917



Illinois
Department of
Corrections

Bruce Rauner
Governor

Donald Stolworthy
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: April 15, 2015

TO: **Nicholas R. Lamb**
A/W of Operations

FROM: Ester Martin, Director of Nursing *EMartin* *PS*

SUBJECT: SAFETY & SANITATION REPORT

This report is for the month of **April, 2015.**

B HOUSE – Inspection Report By: MacQueen, CN II

There are no exit lights at the back door and the fixtures are not shielded and clean in cell 413. The floors are not in good repair, the windows/ledges are not clean, the windows/screens are not in good repair, and the vents are not clean on the inside. Cell 203 has a broken toilet/sink and there is no soap in the dispensers or paper towels available. Waste cans are not available in adequate number, in good repair or lined/covered. The area is not free of insects, rodents, birds or other animals. In general the cell house does not have a proper temperature. Cell bars, security doors and shower areas are not clean. Mattresses are not in good condition.

C HOUSE – Inspection Report By: Dybas, RN

Windows and screens are not in good repair. The windows, ledges and vents are not clean and intact. In the restrooms the toilets, sinks and fixtures are not clean and in good repair. There is no hot water, soap in the dispensers or paper towels available. The waste cans are not lined or covered. The area is not free of insects/rodents due to outer openings not being protected. The shower areas are not clean and free of scum.

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CHICAGO, ILLINOIS 60604

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JUN 19 2017 *ys*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

1:17-cv-4613
Judge John Z. Lee
Magistrate Judge Daniel G. Martin
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06/19/2017-2

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P.O. Box 112

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CHICAGO, ILLINOIS 60604

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